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MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

## ARIZONA STATE BOARD OF HEALTH

1. County Cochise BUREAU OF VITAL STATISTICS State Index - - - No. 6  
 District Saint Johns County Registrar's - No. 28  
 Town Saint Johns Local Registrar's - No. 13  
 or city \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Neal Shreve  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. 6 mos. 28 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR & RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Single  
 (Write the word)  
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓  
 6. DATE OF BIRTH (month, day and year) Jan 1, 1927  
 7. AGE Years 1 Months 6 Days 28 IF LESS than 1 day hrs. or min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work ✓  
 (b) General nature of industry, business or establishment in which employed (or employer) ✓  
 (c) Name of employer \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 28 1928  
 17. I HEREBY CERTIFY, That I attended deceased from July 21, 1928 to July 27, 1928  
 that I last saw him alive on July 27, 1928  
 and that death occurred, on the date stated above, at 6 a. m.  
 The CAUSE OF DEATH\* was as follows:  
acute ileo colitis.  
 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (secondary) (duration) yrs. mos. ds.  
 18. Where was disease contracted if not at place of death? St Johns Ariz  
 Did an operation precede death? no date of \_\_\_\_\_  
 Was there an autopsy? no  
 What test confirmed diagnosis? Symptoms  
 Signed J. J. Baulden, M. D.  
 19 (Address) \_\_\_\_\_

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

9. BIRTHPLACE (city or town) Saint Johns (State or Country) Arizona  
 10. NAME OF FATHER James Shreve  
 11. BIRTHPLACE OF FATHER Saint Johns (city or town) (State or country) Arizona  
 12. MAIDEN NAME OF MOTHER Louisa Hamblin  
 13. BIRTHPLACE OF MOTHER Alpine (city or town) (State or country) Arizona  
 14. Informant (Address) Jas Shreve  
 15. Filed 8/10 1928 Markus Ruten Local Registrar.  
 Filed July 6 1928 J. J. Baulden County Registrar.  
 V. S. No. \_\_\_\_\_

19. PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Ariz  
 20. UNDERTAKER Neighbors  
 DATE OF BURIAL Aug 29 28  
 ADDRESS St Johns Ariz